



## PART B - FEE(S) TRANSMITTAL

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27997 7590 05/13/2009

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Marianna Tortorelli	(Depositor's name)
Marianna Tortorelli	(Signature)
July 29, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/683,660	01/31/2002	Jill Alese Cleary	109.0026	1469

TITLE OF INVENTION: METHODS AND APPARATUS FOR ELECTRONIC REPORTING OF MORTGAGE DELINQUENCY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/13/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALI, HATEM M	3692	705-038000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the name of 1504 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1510.00 OP 300.00 OP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE Mortgage Holdings, LLC

Raleigh, NC

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the amount of any deficiency, or credit any overpayment, to Deposit Account Number 501059 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 29, 2009

Typed or printed name

Peter H. Priest

Registration No. 30,210

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